Duke Orthopaedics

Equity, Diversity, & Inclusion Review

Fall 2024

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Vice Chair of Equity, Diversity, & Inclusion

I. Executive Summary

In 2017, the Duke Department of Orthopaedic Surgery began an intentional journey to create an academic and clinical care environment in which all individuals could thrive. That year, a comprehensive strategic plan was created by the newly appointed Vice Chair of Equity, Diversity, and Inclusion **(EDI)** that would serve as a foundation for renewing the department's commitment to embracing diversity and ensuring equitable resources for team members and patients. Since that time, there has been notable evolution in the approach to EDI, as well as maturity in understanding the dynamic needs of the communities served. Today, Duke Orthopaedics is touted nationally as one of the most diverse orthopaedic departments. In addition, the breadth of faculty, resident, clinical, and staff engagement in areas of inclusion and health equity is the greatest it has been in the history of the department. Still, there are several opportunities to improve the overall department culture and sense of belonging, to assess the current state of resource equity, and to ensure stability in the support and sustainability of the EDI programming.

The Current Landscape

The field of orthopaedic surgery is the least diverse specialty, with the lowest percentage of women and underrepresented in medicine **(URiM**) individuals of all medical and surgical specialties. Nationally, women comprise approximately 14% of orthopaedic residents, while African Americans and Hispanics comprise 4.1% and 2.7% of orthopaedic trainees, respectively. Further, there is demonstrated disparity in the rate of unintended attrition of URiM residents in orthopaedic training programs (7x more likelihood for Black residents) and multiple studies highlighting the reality of microaggressions and non-inclusive behaviors targeting learners and faculty from non-white backgrounds. The demographic diversity statistics amongst practicing orthopaedic surgeons are even more startling. The effects of historic systems of inequity and antiquated prototype biases have contributed to this reality. We have found continuation of some of these unfortunate structures and behaviors in the experiences of our own department members and learners.

As a result, intentional commitment to implementing EDI efforts in Duke Orthopaedics has been essential. For several years, we explored the "what" of EDI. For example, attention was

placed on defining which diversity benchmarks should a focus and understanding the distinction between equity and equality. In addition, a significant amount of effort has been placed on education outlining "why" diversity matters to our teams, learners, and patients. In recent years, our department evolved to explicit investigations into "how" EDI efforts could be implemented in a way that is not only effective, but sustainable. Today, we have amplified attention to health equity, integrating this domain into our research, education, and clinical care missions.

While much of this work is done in a grass roots fashion from within our department, we have purposefully remained aligned with the overarching goals and efforts of our university and greater health enterprise. This has, in part, been facilitated by our Vice Chair of EDI (Dr. Erica Taylor) serving as a cross-entity collaborator through her dual role as the Duke Health Integrated Practice **(DHIP)** Chief Medical Officer of Health Equity, Diversity, and Inclusion. This positioning of our Vice Chair, as well as other department leaders engaged in broader institutional efforts, has been leveraged with success to place orthopaedics as a leading department in EDI efforts. For example, in 2021, the School of Medicine released a detailed plan outlining its strategy for dismantling racism in the academic structures and environments with some of our faculty contributing to the creation and implementation of the plan (https://medschool.duke.edu/about-us/equity-diversity-inclusion/accountability-and-planning/moments-movement). In 2022, the Duke University Health System recognized inclusive search and selection processes as part of its enterprise-wide strategic plan, with our Vice Chair of EDI serving as the lead of that particular focus area. In 2023, Duke University's Office of Institutional Equity began rolling out the Duke Annual Report on Racial Equity (DARRE), with orthopaedics serving as a pilot department.

Collectively, the needs of our constituents and patients requires us to remain focused and diligent in our effort to achieve our goals in areas of equity, diversity, and inclusion.

Mission and Vision

The mission of the Duke Orthopaedics EDI strategy is to ensure that the best and the brightest individuals are represented within orthopaedics and given an equitable opportunity to make invaluable contributions to the advancements in musculoskeletal healthcare. The work emphasizes workplace inclusion and civility within our department and strives to increase belonging and representation for improved health outcomes, improved patient-provider communication and trust, and more efficient access to, and delivery of, care.

There have been four key focus areas to guide the strategic priorities and initiatives for the departments:

- Medical Education Experience
- Faculty Experience
- Staff Experience
- Patient Experience

To date, we have been able to advance in all of these areas by: 1) amplifying connections of students from diverse backgrounds with mentors to facilitate exposure to orthopaedic surgery and musculoskeletal professions, 2) assessing and responding to culture improvement and development/advancement needs, and 3) utilizing available data sources on access, social drivers of health, and stratified patient experience scores to inform clinical decisions. These domains support our vision of **"transforming Duke Orthopaedics to represent the changing needs and dynamics of our patients, positively impacting the delivery of musculoskeletal care."**

Guiding Principles

When our renewed strategy for EDI launched in 2017, several guiding principles were identified, and those have been maintained as the backdrop to our efforts.

1. **Inclusion:** We are committed to creating an inclusive culture within our department to allow diverse individuals to thrive on both training and faculty levels.

2. **Equity**: We ensure that all individuals are afforded fair and equitable opportunities for excellence without exclusion from programs, resources, or protocols.

3. **Respect**: Discrimination based on identity or background will not be tolerated by any department member, whether in the form of overt bias or microaggressions.

4. **Accountability:** Department leaders will be responsible for implementing, engaging with, and supporting EDI initiatives.

Duke Orthopaedics Department 2017 Photo

Duke Orthopaedics Department 2024 Photo

II. Leadership Structure and Governance

• Vice Chair of Equity, Diversity, & Inclusion Leadership Role

In March of 2017, a Vice Chair for Equity, Diversity, and Inclusion (EDI) was appointed by our department chair. This was the first time in departmental history that a Vice Chair level designation was provided for the domain of diversity, allowing for this individual to report directly to the Department Chair. This structure was recommended and supported by the School of Medicine Dean's Office of EDI to elevate and empower those leading these complex, yet critical efforts with inextricable support from the department leader. As such, there is comprehensive oversight of the School of Medicine's Vice Dean and Office of EDI to ensure alignment and support of the efforts across the department.

Since that appointment time, this leader has been afforded a variable 5-10% FTE by the department to carry out the responsibilities and duties required for effective EDI implementation.

<u>The charges of this role include, but are not limited to:</u>

1. Serving as a resource for all clinical and non-clinical divisions within the department as well
2. Serving as the key point leader for initiatives that advance the EDI mission and vision internally, as well as external initiatives
3. Providing consultative expertise regarding inclusive hiring and onboarding
    i. Facilitating education on search and selection practices
    ii. Providing a personalized on-boarding session each quarter for all new faculty
4. Serving as a key member on the Resident Selection Committee
    i. Ensuring evolution of processes that capture excellent talent from all backgrounds
5. Representing the department on enterprise-wide EDI efforts and external-facing efforts
6. Guiding departmental strategy to ensure principles of EDI are implemented throughout all areas of the department
7. Serving as the faculty advisor for the Duke Pathway for Orthopaedic Mentorship (DPOM) program for URiM Duke medical students
8. Leading the Departmental EDI Committee/Council

• Departmental EDI Advisory Council

In order to better capture diverse leadership and stakeholder perspectives, the Vice Chair of EDI instituted a departmental EDI Advisory Council. This council is comprised of 11 individuals who represent a variety of areas. In an advisory capacity, the individuals are called upon to review critical decisions and strategy, and are engaged in a twice-yearly meeting. This is an evolution from the traditional departmental EDI committee, which was sunset in 2023 secondary to the decentralization of EDI through the division and staff member teams.

The members of the Duke Orthopaedics EDI Advisory Council include:

- **Leader:** *Erica Taylor (MD, Hand, Vice Chair EDI)*
- **Co-Leader:** *John McCall (Staff Leader, Administrative Leader for EDI)*
- *Tiffany Adams (DPT, Division Director of EDI)*
- *Michael Bolognesi (MD, Adult Recon, Division Chief)*
- *Chad Cook (PT, Director of Clinical Facilitation Research)*
- *Jennifer Curtin (Communications Leader)*
- *Tomeico Faison (OTD, Division Director of EDI)*
- *Joseph Minchew (MD, Spine, Duke Regional Periop Leader, Community Practice Chief)*
- *Christian Pean (MD, Trauma, Margolis Center for Policy Faculty)*
- *Flavia Penteado Kapos (PhD, Health Disparities Researcher)*
- *Marc Richard (MD, Hand, Access Champion)*

- **Decentralization of Equity, Diversity, & Inclusion**

  Over the past few years, the Department of Orthopaedics has created pathways to decentralize efforts, accountability, and engagement around EDI. This became a necessary evolution as the size of our department experienced exponential growth. In addition, with the addition of several faculty, staff, and learners with expertise into areas of health equity and EDI, a silo committee model was no longer effective nor necessary. Today, department divisions and clinical groups have their own initiatives and efforts that are germane to their areas, but are still supported and aligned with the greater Duke Orthopaedics EDI mission. This has increased engagement of departmental members in scholarly activities within EDI and health equity.

III. Strategic Priorities: Core Missions

There are three key strategic priorities that guide the EDI activities of Duke Orthopaedics: **Recruitment, Accountability,** and **Development.** Collectively, these mission areas have facilitated improvement in the internal department dynamics, increased representation in our clinical and non-clinical areas, increased engagement of our department members, and afforded modernization of our processes, including clinical operations. This has resulted in consistent growth of our national brand reputation as a diverse and inclusive department committed to health equity.

1. Recruitment

Recruitment has been a dominant category of our efforts over the past 8 years. Many of the components have focused on traditional pipeline programmatic approaches that are proven to be effective, with customization to highlight the unique attributes of our learner, faculty, and staff programs. We have also spent a significant amount of effort modernizing the processes that impact recruitment, noting the downstream effects recruitment has on *retention.* As a result, Duke

Orthopaedics' residency demographic statistics are above the national measures: in FY24, our residency program was 40% women and 12.5% URiM. In addition, there has been a notable increase in the percentage of URiM and female clinical faculty over the past 8 years compared to our peers.

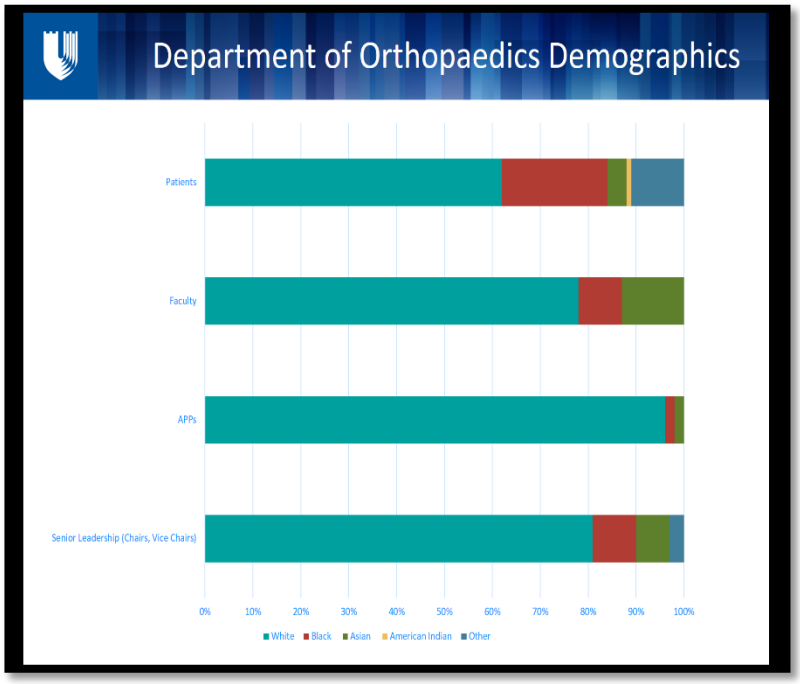
Current Recruitment Efforts

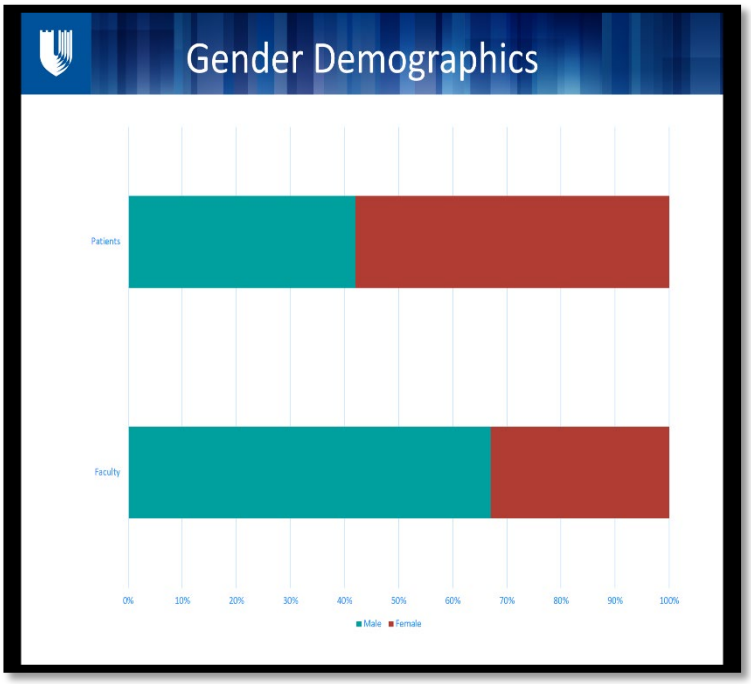
- Duke Pathway to Orthopaedic Mentorship (DPOM) Program for URiM Duke Medical Students
- Inclusive Search and Selection Hiring Practices Training
- Resident Selection Committee Process Improvements
- GME Diversity-Centric First Look & Second Look Events
- Student National Medical Association Annual Medical Education Conference Exhibitor Booth
- Duke Orthopaedics Annual EDI Grand Rounds
- Association of Women Surgeons (AWS) Annual Grand Rounds
- Ruth Jackson Orthopaedic Society – Duke Orthopaedics Chapter
- Duke Orthopaedics Upward Board Program (Trauma Division Disparity Research Student Group)
- Student National Medical Association Annual MLK Banquet Gold Sponsorship
- Perry Initiative Program for Regional Medical Students
- Faculty Search Committee EDI Advisors
- J. Robert Gladden Orthopaedic Society OITE Review Faculty (Shoulder, Hand, Trauma)
- Coalition of Occupational Therapy Advocates for Diversity, Student-Led OTD Program Group
- Duke OTD Student Affairs and Equity Diversity and Inclusion committee
- Duke OTD and DPT Summer Discovery Program for URiM Undergraduate Students
- Duke OTD and DPT ImpACT Program for High School Students
- Duke OTD and DPT Collaboration with North Carolina Central University (HBCU)

2. Accountability

Accountability is an essential component of EDI strategy that was amplified a few years ago to support increased engagement and sustainability. There have been a variety of efforts that facilitate distributive accountability. Notably, these include the Duke Health Integrated Practice Clinical Department Metrics for EDI, established in 2022. In a combined fashion with the School of Medicine, each clinical department has been assigned 2-3 EDI-centric metrics per year that focus on representation statistics, EDI strategy review, and the depth of inclusive hiring practices. Our Department has achieved 100% for these metrics for the FY22, FY23, and FY24 cycles.

A snapshot of our faculty representation data (for race and gender), submitted for the FY24 cycle metrics, is included below and highlights the continued opportunities we have to advance diversity, when compared to the patient populations we serve.





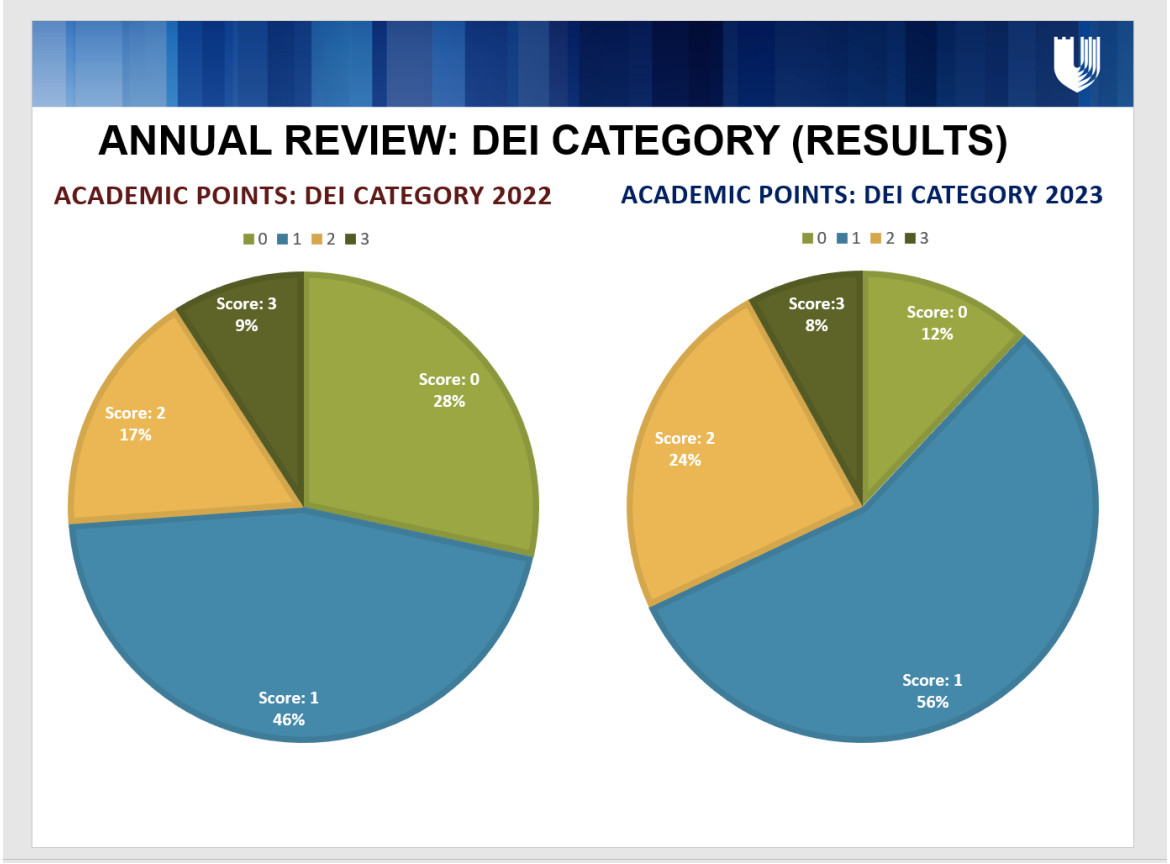
In 2022, as another innovative approach to accountability, we instituted an EDI category into our Faculty Academic Annual Review to recognize and add value to scholarly efforts in this domain. The impetus for this initiative was to facilitate greater awareness and clarity, and to avail an invitation for EDI engagement to all of our faculty. Each year, in preparation of their overall review, our faculty are provided with a template that mirrors the other categories of academic and clinical contribution. For EDI, the subcategories include *service, education,* and *creative professional activity / discovery.* They choose a self-rating and include a justification (0, 1, 2, or 3). This is then cross-checked with the review committee who may adjust the rating, if necessary.

2) Diversity, Equity, and Inclusion (DEI)

INSTRUCTIONS: Self-rate your contributions to diversity, equity, and inclusion activities from 0 to 3. Expected activity is a "1". There is one score for this category, and these are examples of types of professional activities that contribute to building a diverse, equitable, and inclusive environment. Please only use a whole integer. You will need to provide a written narrative to support your score.

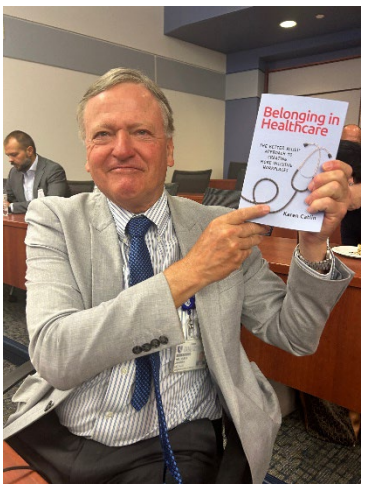
Scoring Guide	1	2	3
Service	• Participating in active recruitment of diverse students and trainees (e.g. GME 1st / 2nd Look, SNMA or LMSA conference recruitment, etc.) • Community-based outreach to historically marginalized communities • Service on national, department, School of Medicine, or DUHS/PDC committees, or task focused on DEI	• Serving on a department search committee as the DEI liaison (includes completion of training) • Expansion of clinical services focused on diverse patient populations, access for underserved patients, clinical work toward eliminating health inequities	• Chairing national, department, School of Medicine, or DUHS/PDC committees, or task focused on DEI • Creating and/or leading programs related to DEI, on campus and/or beyond
Discovery / Creative Activity	• Presentations or invited lectures regarding research or activities addressing the health of historically marginalized populations	• Research collaborations with faculty at Minority Serving Institutions (MSIs) and/or those institutions that predominantly serve historically marginalized populations • Publications regarding research addressing differences in the health, health care delivery or therapeutic efficacy of historically marginalized populations	• National, international, local (campus), or community-based awards for DEI efforts and accomplishments (e.g. AAOS Diversity Award, School of Medicine Inclusion Excellence Award, etc)
Education	• Consistent participation as a faculty mentor for the Duke Orthopaedic URiM mentorship program • Engagement in CME and/or professional development events, programs, or workshops on DEI topics, such as microaggressions, unconscious bias, and bystander training. • Engagement in local or national DEI journal clubs and/or research seminars on topics related to health inequities and/or care for underserved or marginalized communities	• Organizing or participating as an instructor in courses, modules and/or workshops on DEI topics on a local, regional, national level	• Curriculum development related to DEI topics • Service as official advisor to a student organization or educational program related to underrepresented or marginalized groups
Justification for self-rating:	[Insert text here; table will expand as you type]		
Faculty self-rating: [Insert text here]	**Division Head or Vice Chair DEI score:** [Insert text here]	**Review Committee Score:** [Insert text here]	**Final Score:** [Insert text here]

Over the years, we have seen a continued increase in engagement of our faculty in EDI scholarship efforts, with many exceeding the recommended baseline levels of performance. For example, between 2022 and 2023, 88% of our faculty scored a 1 or greater for EDI scholarship, a 16% increase from the prior year. 32% of faculty scored a 2 or greater for EDI scholarship, a 6% increase of faculty going above and beyond expected contributions.



3. Development

Professional development and education in the areas of EDI have been a critical adjunct to bring Duke Orthopaedics into the future. There have been several intensive development programs, new EDI skills trainings, and professional advancement opportunities available to learners, staff, and clinical and non-clinical faculty that have allowed for continued progress towards our vision of a transformative department.



Current Development Efforts (Snapshot)

- Duke Orthopaedic Faculty Restorative Justice Training
- DPT Stepping in For Respect Upstander Intervention Program
- Duke Orthopaedics Staff EDI Group
- Duke Orthopaedics Belonging Committee
- Faculty Meeting with Implicit Bias Education (through Office of Institutional Equity)

- Faculty Meeting with Focus on Professional (through Office of Faculty Development)
- ODLC Belonging in Healthcare Webinar Sponsorship and Engagement
- Duke School of Medicine LEAD Program
- Duke Orthopaedics Faculty in ADVANCE-UP Faculty Development Program (URiM Faculty)
- Duke Orthopaedics Faculty in Duke Clinical Leadership Program
- Duke Orthopaedics Clinic Staff Health Equity Liaisons
- Duke Orthopaedics Collaborative Summit on Value Based Care and Health Equity

IV. Clinical Integration: Health Equity

A recent focus for our Duke Health enterprise, and the Department, has been addressing Social Drivers of Health that impact outcomes for our patients. We have several department members who are spearheading pioneering, grant-funded research and community-based efforts to help our patients attain their highest level of health. In addition, there are several clinical operations endeavors that have promoted integration of EDI principles in our care platforms.

1. **Social Drivers of Health Screening**

   Rolled out across orthopaedic clinics in May 2024 with the intent for all Duke Orthopaedic Patients to be provided with the SDOH Screening Questionnaire and then matched, with consent, to state and community resources.

2. **Access Equity Measures**

   In partnership with our Duke Health Integrated Practice (DHIP) Access leader and our department Access Champion, access data is regularly reviewed to identify any demographic disparity trends.

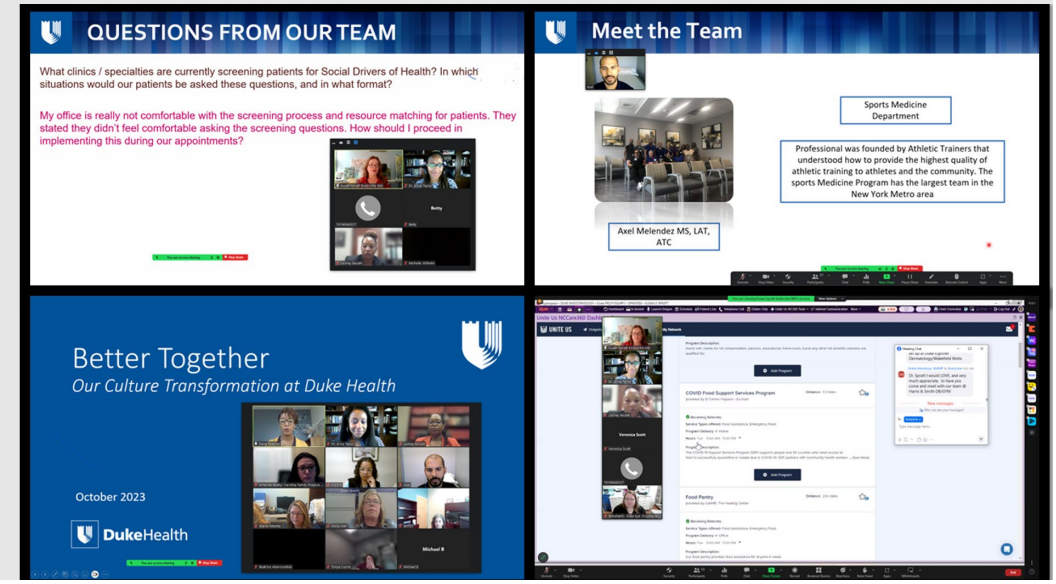
3. **Value-Management Projects on Health Equity**

   Since 2022, our established value-management Operations and Planning Committees have included projects that focused on creating inclusive patient encounters, as well as the implementation of efforts to decrease health disparities. Return to the ED and readmissions data has also been reviewed with solutions created around identified disparities. Another project is focused on increasing SDOH screening rates in orthopaedic clinics.

4. **Health Equity, Diversity, and Inclusion Clinic Staff Liaisons**

   In July 2023, this pioneering program was launched, identifying a clinic staff member in each of the 100+ ambulatory clinics of DHIP who would serve as the liaison between our Vice Chair of EDI and the rest of the clinic staff. These liaisons spend 1 hour per month in educational sessions with the EDI leader, learning about health equity, diversity & inclusion in clinical environments, and the processes and policies to connect patients to social resources if SDOH screening returns positive. This endeavor has also been considered a clinic staff advancement, engagement, and retention effort as several of the clinic staff members have been promoted up the clinical ladder because of their service as a liaison. Our Duke Orthopaedic clinics have each identified a DHIP Health Equity, Diversity, and Inclusion Liaison.

CLINIC SITE	DEI LIAISON	CLINIC ROLE
Arringdon-Ortho	Kym Hart	Medical Secretary
Duke Sports Sciences Green Level	Kenya Smith	CMA
Duke Sports Sciences Institute (DSSI)	Betty Graves	CMA
Duke Ortho Heritage	Axel Melendez	Athletic Trainer
Duke Ortho Knightdale	Kathleen Pearce	PSA
Duke Ortho of Apex	Amber Stokes	Orthopaedic Technologist
Duke Ortho Raleigh	Ebony McCarroll	CMA
North Carolina Orthopaedic Clinic	LaShay Beulah	SAM
Piedmont Spine Specialists	Latrisha Smith	FCC



V. Moving Forward: Priority Needs

While our department has made significant progress in the areas of Equity, Diversity, and Inclusion (EDI), there are several opportunities to improve the overall department culture and sense of belonging, to assess the current state of resource equity, and to ensure stability in the support and sustainability of the EDI programming. The critical areas that are in need of transparency, attention, and resources from the department leadership are outlined in the following table:

CATEGORY	SPECIFIC NEEDS
I. Funding for EDI Efforts *Owners: Chair, CAO, Finance Team*	1. Consistent budget amount (in $) defined for EDI activities and development with annual renewal of commitment by department leadership
II. Programmatic Support for EDI Efforts *Owners: CAO, EDI Admin Leader*	1. Identification and support of program manager and coordinator to assist with logistical planning and execution of Recruitment, Accountability, and Development activities.

III. Professionalism Accountability and Intervention *Owners: Chair, Vice Chair for Faculty, CAO, HR Leader*	1. Clear professionalism accountability measures for reconciliation of microaggressions, bullying, and targeting behaviors, with documentation of completed remediation/intervention and support of impacted individual(s). 2. Escalation of patterns of reported non-inclusive behaviors that violate Duke Professionalism expectations / policies to the necessary reporting structures (Office for Faculty Development, Office of Institutional Equity, and/or Staff & Labor Relations). 3. Regular communication of policies on professionalism expectations for all faculty, staff, and learners.
IV. Retention Strategies *Owners: Chair, Vice Chair for Faculty, Division Chiefs*	1. Leadership-initiated follow-up with individuals impacted by bullying, targeting, microaggressions to ensure resolution and reconciliation. 2. Annual assessment of support needs for department members (staff, learners, and faculty) from historically marginalized groups.

V. Equity Analyses *Owners: Chair, CAO, Clinical Operations Leader*	1. Compensation equity analyses conducted for all department areas, including DHIP, cDHIP, staff, and research. 2. Clinical resource equity analyses conducted for clinic and OR platform resources (e.g. block time, clinic staff assignments, and administrative support).

VI. Conclusion

In summary, the Duke Orthopaedics Department is positioned to continue trailblazing as a leader in the areas of health equity, diversity, and inclusion across our enterprise, and nationally. The comprehensive strategy that has been developed and modernized over the past 8 years has been instrumental in ensuring that our approach to recruitment, accountability, and development remains relevant and of high impact. The addition of a focus on health equity across the various divisions has also provided a critical lens that allows us to translate the theories and ideas into actual practice that can be felt by our patients. Further, the pioneering research that is taking place across our department in the areas of health disparities is increasing in reach and notoriety at exponential speed. Importantly, intentional action has been made to make EDI truly integrative throughout the business units of our department.

There are some realities that work against our forward momentum. The large size of our department has allowed for a diverse array of EDI effort, but also brings a level of difficulty when it comes to ensuring that the initiatives are coordinated and resourced with equity. Also, we are in a political landscape that carries intrinsic risk and threats to some of our long-standing, effective EDI programs that will need to be navigated in a pro-active manner. In addition, recent changes in our department's approach to allocation of funds has brought some opacity to how our efforts will be sustained financially over time.

There is much work that is still to be done, particularly given the complexities of the history of institution, department, and profession at-large. Nevertheless, we remain optimistic that with the explicit provision of resources and initiation of professionalism protocols, the gains will not only be sustained, but will be amplified to continue our positive trajectory. We are encouraged by the investment of time and talent our department members devote to creating an inclusive department and environment of belonging for all.

The work we are doing is powerful. It is making a difference. And, it matters.